

CASE NUMBER: 034252/2022

EXHIBIT(S) - 8 McKinniss Death Certificate - McKinniss Death Certificate Possible SSN Administratively Redact...

Document prepared for:
kevin barlow

CASE NAME

Rosemarie Mckinnis Est Of, Kathleen Mckinniss, Carin Rosado, James Finn Est Of, Geraldine Finn Exr v. Ecohealth Alliance Inc, Peter Daszak, Janet D Cottingham Aka, Janet Dasz...

CASE FILING DATE

Oct. 5th, 2022

DOCUMENT FILED DATE

Oct. 5th, 2022

COUNTY

Rockland county, NY

JUDGE

Sherri L Eisenpress

CATEGORY

Torts - Environmental (SARS-COV-2)

STATUS

Active

EXHIBIT 8

EXHIBIT 8

NYSCEF DOC. NO. 10

Ohio Department of Health

RECEIVED NYSCEF: 10/05/2022

Primary Reg. Dist. No. 2506

VITAL STATISTICS

State File No. 2020041965

Registrar's No.

2500-2020004424

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ROSEMARIE MCKINNISS						2. Sex FEMALE	3. Date of Death (Mo/Day/Year) APRIL 24, 2020	
	4. Social Security Number [REDACTED]		5a. Age (Years) 85	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) MARCH 22, 1935	7. Birthplace (City and State or Foreign Country) COLUMBUS, OHIO		
	8a. Residence State OHIO		8b. County FRANKLIN			8c. City or Town WORTHINGTON			
	8d. Street Address and Zip Code 1030 HIGH STREET 43085						9. Ever in US Armed Forces? NO		
DISPOSITION	10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)						11. Surviving Spouse's Name (If wife, give name prior to first marriage)		
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE		
	15. Father's Name CARL J MEHRLE				16. Mother's Name (prior to first marriage) HELEN KRAMMER				
	17a. Informant's Name KATHLEEN MCKINNISS				17b. Relationship to Decedent DAUGHTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 160 WEST WILSON BRIDGE ROAD 631		
	18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						18b. City or Town, State and Zip Code WORTHINGTON, OH 43085		
	18b. Facility Name (If not Institution, give street & number) THE LAURELS OF WORTHINGTON						18d. County of Death FRANKLIN		
	19. Funeral Service Licensee or Other Agent JOHN A TIBERI				20. License Number (of licensee) 008008		21. Name and Complete Address of Funeral Facility MAEDER-QUINT-TIBERI FUNERAL HOME INC		
	22. Method and Place of Disposition BURIAL - SAINT JOSEPH CEMETERY, LOCKBOURNE, OH						22. Name and Complete Address of Funeral Facility 1068 S HIGH ST		
	23. Local Registrar SANDRA TAYLOR						24. Date Filed (Month/Day/Year) APRIL 28, 2020		
	CERTIFIER	26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
26b. Time of Death 22:45		26c. Date Pronounced Dead (Month/Day/Year) APRIL 24, 2020			26d. Was Case Referred to Medical Examiner or Coroner? NO				
26e. Certifier Name and Title DANIEL LAWRENCE MILLER MD			26f. License number 35.084230		26g. Date Signed (Month/Day/Year) APRIL 28, 2020				
CAUSE OF DEATH	27. Name and Address of Person who Completed Cause of Death DANIEL LAWRENCE MILLER, 3525 OLENTANGY RIVER RD, COLUMBUS, OH 43214								
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death		
	Immediate Cause (Final disease or condition resulting in death)		a. PRESUMED COVID-19				DAYS		
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) DEMENTIA				YEARS		
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)						
			d. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? NO		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE	
30. Did Tobacco Use Contribute to Death? NO			31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death NATURAL			
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)									
33f. Describe How Injury Occurred:							33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18